May 04, 1999 8:00 am Secretary of State

05-04-1999 90005 037 \*\*\*158.75

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000084233

| 1. Corporation   |  | . •                 |   |                                       |  |  |  |
|--|--|---------------------|---|---------------------------------------|--|--|--|
| CARLUS   | J. RODRIGUEZ, INC.                     |                     |   |                                       | 1 (004/000) (10 (010) (010) 00() 00() 00() (010) (010) (010) (010) (010)   |  |  |
|  |  |                     |   |                                       |  |  |  |
| Principal Place of Business Mailing Address  |  |                     |   |                                       | t (200/1991 (so 10/2) 1810) SESTI SPIS SESTI SPIST INTO STATE STAT |  |  |
| C/O LARREA & OREGA C/O LARREA & OREGA 2300 CORAL WAY #111 2300 CORAL WAY #111 MIAMI FL 33145 MIAMI FL 33145  |  | 2300 CORAL WAY #111 |   |                                       | DO NOT WRITE IN THIS SPACE   |  |  |
|  |  |                     |   |                                       | 3. Date Incorporated or Qualifed   |  |  |
|  |  |                     |   |                                       | 09/29/1998   |  |  |
| 2 Principal Place of Business 2a. Mailing Address 21 3255 N.W. 87th Avenue 26 3255 N.W.  |  |                     | 87t1  | h Ave.                                | 4. FEI Number   Applied For   65 - 0873162   Not Applicable  |  |  |
| Suite, Apt. #, etc. Suite, Apt. #, etc. 27   |  |                     |   |                                       | 5. Certificate of Status Desired \$8.75 Additional Fee Required  |  |  |
| City & State City & State  |  |                     |   | =                                     | 6. Election Campaign Financing \$5.00 May Be   |  |  |
| 23 Miami, Florida 28 Miami, Flor   |  |                     |   | Trust Fund Contribution Added to Fees |  |  |  |
| Zip Zip Zip 33172 Zip 33172 Zip  |  |                     | Country   |                                       | 8. This corporation owes the current year Intangible   |  |  |
| 24 5 29 30   |  |                     | <u> </u>  |                                       | Personal Property Tax.   |  |  |
| 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name   |  |                     |   |                                       |  |  |  |
| CORPORATION SERVICE COMPANY  |  |                     | DADE CORPORATE SERVICES                               |                                       |  |  |  |
| 1201 HAYS STREET.  |  |                     | 82 Street Address (P.O. Box Number is Not Acceptable) |                                       |  |  |  |
| TALLAHASSEE FL 32301-2525  |  |                     | 83  |                                       | Coral Way  |  |  |
| TALLATIACOCK TE OZOUT ZOZO   |  |                     | 03  | Suit                                  | e 103  |  |  |
|  |  |                     | 84 City Miami FL 85 33145                             |                                       |  |  |  |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered |  |                     |   |                                       |  |  |  |
| agent, karn familiar with and ascept the philipations of, Section 607.0505, Florida Statutes.  |  |                     |   |                                       |  |  |  |
| SIGNATURE Signature; typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent eignature required when reinstating)  DATE   |  |                     |   |                                       |  |  |  |
| 12.  | OFFICERS AND                           | DIRECTORS           | 13.   |                                       | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |  |  |
| TITLE  | —————————————————————————————————————— |                     | 1.1 TITLE   |                                       | ☐ Change ☐ Addition  |  |  |
| NAME   | RODRIGUEZ; CARLOS J                    |                     | 1.2 NAME  |                                       |  |  |  |
| STREET ADDRESS C/O 2300 CORAL WAY #103   |  | 1.3 STREET ADDRESS  |   | ,                                     |  |  |  |
| CITY-ST-ZIP  |  |                     | 1.4 CITY-ST-ZIP                                       |                                       |  |  |  |
| TITLE  | □ DELETE :                             |                     | 2.1 TITLE   |                                       | ☐ Change ☐ Addition  |  |  |
| NAME 2   |  | 2.2 NAME            |   | •                                     |  |  |  |
| STREET ADDRESS   |  | 2.3 STREET ADDRESS  |   |                                       |  |  |  |
|  |  | 2. 4 CITY-ST-ZIP    |   |                                       |  |  |  |
| TITLE DELETE 3:  |  | 3.1 TITLE           |   | Change Addition                       |  |  |  |
| NAME   |  | 3.2 NAME            | .   |                                       |  |  |  |
| STREET ADDRESS   |  |                     | 3.3 STREE   | TADDRESS                              | ·  |  |  |
| CITY-ST-ZIP  | ·                                      | 1                   | 3.4. CITY-  | ST-ZIP                                |  |  |  |

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3%), FI: da Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the Same Jal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 307, orda Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE .

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

DELETE

☐ DELETE

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Change

Change

Change

☐ Addition

☐ Addition

Addition